

# Rollover Submission



Hartford Life

Group Number:

Social Security Number:

## GENERAL INFORMATION (Please print or type.)

Plan Name:

Employee Name: Last

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

First

M.I.

Address:

City:

State:

Zip:

## ALLOCATION INFORMATION

(Selection must total 100%.)

I participated in a Retirement Plan qualified under section 401(a) of the Internal Revenue Code. I request that benefits accrued under that plan be credited to my account under the Group number above as rollover contributions and allocated among the investment options as indicated below.

☐ Per current allocations

☐ As listed Below

\_\_\_\_\_ Investment Option \_\_\_\_\_ %

\_\_\_\_\_ Investment Option \_\_\_\_\_ %

\_\_\_\_\_ Investment Option \_\_\_\_\_ %

\_\_\_\_\_ Investment Option \_\_\_\_\_ %

\_\_\_\_\_ Investment Option \_\_\_\_\_ %

\_\_\_\_\_ Investment Option \_\_\_\_\_ %

\_\_\_\_\_ Investment Option \_\_\_\_\_ %

\_\_\_\_\_ Investment Option \_\_\_\_\_ %

### Make checks payable to:

Hartford Life Insurance

FBO \_\_\_\_\_  
Name

SS# \_\_\_\_\_

GA# \_\_\_\_\_

P.O. Box 1583

Hartford, CT 06144-1583

I understand that all values are based on investment experience of the above named accounts (except the Fixed Income Account), are variable and are not guaranteed as to a fixed dollar amount.

Employee's Signature

Date

## ACCEPTANCE OF ROLLOVER

(Required before submitting form to Hartford Life for processing.)

The authorized signature below certifies eligibility and acceptance of the rollover of funds as instructed in this request. I have obtained any Beneficiary Designation and Spousal Waiver Consent forms that may be required by ERISA and the Internal Revenue Code, which designation applies to all of the participant's account.

Plan Administrator's Signature

Date